Our **Children**

Our **Future**

Our **RESPONSIBLITY**

Child Fatality Task Force

Our Children, *Our* Future,
Our RESPONSIBILITY

Annual Report of the North Carolina Child Fatality Task Force to the Governor and General Assembly

Raleigh, North Carolina
May 2012

The Honorable Beverly Perdue
Governor, State of North Carolina

Distinguished Members of the General Assembly

The future prosperity of North Carolina depends on the health and well-being of our next generation. Promoting strong policies to improve health, reduce death and decrease abuse and other injuries is central to positive child development. The NC Child Fatality Task Force is a legislative study commission charged with examining trends in child deaths and recommending changes in law and policy to promote well-being and prevent future deaths. The Task Force serves as the policy arm of our state's child fatality prevention system, which also includes the State Child Fatality Prevention Team, Community Child Protection Teams, and local Child Fatality Prevention Teams. More than 9,200 additional children are alive today – many of them now adults – thanks to the lower child fatality rate.

For the past two decades, the NC Child Fatality Task Force has enjoyed the support of the administration and the General Assembly. Recommendations submitted each year to prevent child deaths have been given serious consideration, and often have been adopted. The positive response to these recommendations has played a critical role in **reducing North Carolina's child death rate by 46 percent** since the inception of the Task Force. The 2011 child death rate was less than 58 deaths per 100,000 children under age 18. This was due in large part to substantial progress in reducing infant mortality.

This year's recommendations and action agenda from the Task Force represent more than 1,000 hours of volunteer time from Task Force members and other diverse experts around the state. Central to the recommendations are preserving key infrastructure to promote positive birth outcomes and to identify and prevent abuse and neglect.

Without support from the Governor and General Assembly, the recommendations and legislative accomplishments detailed in this report – and the lives they helped saved – would not have been possible.

Our children, Our future, OUR responsibility…

Karen McLeod, Co-Chair Peter Morris, Co-Chair Elizabeth Hudgins,
Executive Director

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The NC Child Fatality Task Force Study Process

The three committees of the North Carolina Child Fatality Task Force used 2009 and 2010 child fatality data and other professional expertise to study the causes of child deaths and to prepare recommendations for Task Force consideration for the 2011 Legislative Agenda. Subcommittees were formed to look at issues of teen road safety, coordination of education to parents prenatally and postpartum, and equities in birth outcomes.

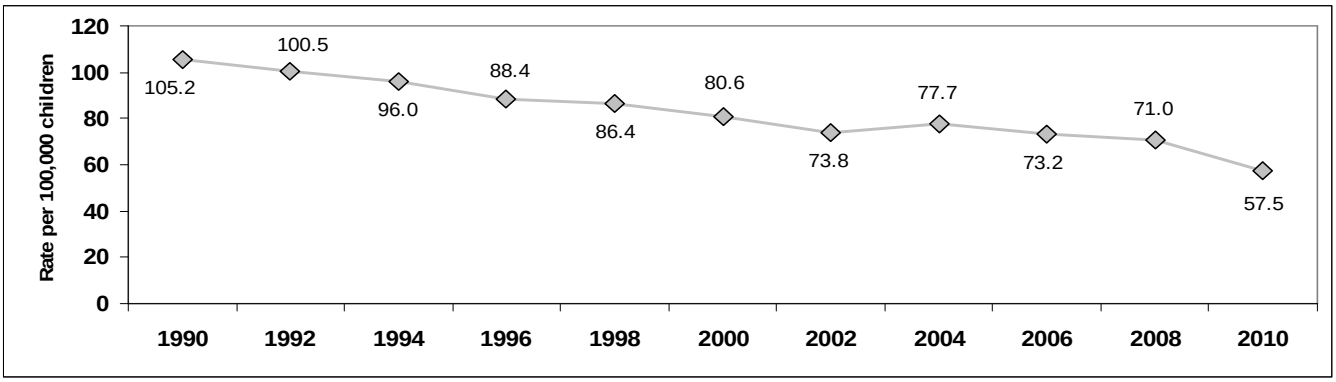
- The **Intentional Death Prevention Committee**, which studies violent deaths such as homicide and suicide, put forth a recommendation to preserve infrastructure and fidelity of the child treatment program which provides proven-effective, time-limited treatment for children and families who have experienced trauma. It also seeks to preserve key data systems so that future strategies can continue to build on good data.

- The **Perinatal Health Committee**, which studies infant mortality and women's health, put forth the recommendation to preserve a bundle of key infant morality prevention programs that address preconception, pregnancy, clinical needs, and first year of life.

- The **Unintentional Death Committee**, which studies public health unintentional injury and death, put forth a number of recommendations designed to reduce deaths due to injuries from car crashes, fires, poisoning and other means.

The members of the NC Child Fatality Task Force thank all its committee members for their hard work, expertise, and commitment to protecting children. Their effort is reflected in the action agenda, which was adopted on April 16, 2012.

2010 CHILD DEATHS IN NORTH CAROLINA
Trend in Rate of Child Deaths 1991-2010*
Ages Birth through 17 Years



Child Deaths by Cause in North Carolina
Ages Birth through 17 Years

Cause of Death	Average Annual Number 2006-2010	Number in 2009	Number in 2010	Percent Change 2009-2010
Birth defects	**217**	**224**	**198**	**-11.6%**
Other birth-related conditions	**525**	**531**	**430**	**-19.0%**
Sudden infant death syndrome	**96**	**98**	**53**	**-45.9%**
Illnesses	**301**	**278**	**297**	**6.8%**
Unintentional injuries	**238**	**206**	**191**	**-7.3%**
Motor vehicle injuries	*128*	*114*	*100*	-12.3%
Bicycle injuries	*3*	*1*	*2*	**
Injuries caused by fire	*14*	*8*	*6*	-25.0%
Drowning	*29*	*28*	*37*	32.1%
Falls	*3*	*5*	*2*	**
Poisoning	*15*	*15*	*9*	-40.0%
Other unintentional injuries	*46*	*35*	*35*	0.0%
Homicide	**52**	**36**	**42**	**16.7%**
Suicide	**26**	**35**	**23**	**-34.3%**
All other	**64**	**78**	**77**	**-1.3%**
TOTAL	**1,518**	**1,486**	**1,311**	**-11.8%**

Child Deaths by Age

Age Group	Average 2006-2010	Number in 2009	Number in 2010	Percent Change 2009-2010
Infant	1,013	1,006	854	-15.1%
1-4	146	148	153	3.4%
5-9	89	84	65	-22.6%
10-14	97	84	88	4.8%
15-17	174	164	151	-7.9%

NC POPULATION***

Year	Total	Under 18
2009	9,382,609	2,216,736
2010	9,535,483	2,281,635
Percent Change	1.6%	2.9%

Data reflect state residents.

Please see Technical Notes at http://www.schs.state.nc.us/SCHS/deaths/child/cftechnote2010.pdf

* Child death rates for 1990-1999 are not the same as published in some previous reports due to revised population estimates.

** Percent change is not calculated because the numbers are too small, and are subject to random variation over time.

*** 2009 Population estimates are derived from July 1st Population Esimates of the State Demographer's Office. 2010 estimates represent April 1, 2010 resident population of North Carolina based on National Center for Health Statistics Bridged Population Estimates.

Produced by the N.C. Division of Public Health - Women's and Children's Health Section in conjunction with the State Center for Health Statistics.

2012 CFTF Legislative Agenda

Recommend

1. Recommend funding for the Infant Mortality Prevention bundle including:
    a. $202,000 recurring to the NC Healthy Start Foundation for Safe Sleep
    b. $425,000 recurring to the March of Dimes for its Preconception Health Campaign
    c. $375,000 recurring to the ECU High-Risk Maternity Clinic
    d. $ 47,000 nonrecurring to the UNC Center for Maternal and Infant Health for 17P
2. Require phased-in replacement of traditional smoke alarm units with tamper resistant lithium battery smoke alarms in rental units, keeping in statute the requirement for CO detectors
3. Promote pilot of speed cameras in school zones
4. Ban youth under age 18 from using a commercial tanning beds
5. Make failure to wear a backseat seatbelt a primary offense
6. Maintain existing support for surveillance efforts and monitor policies/funding cuts that would reduce data robustness or information about child death and injury, including
    a. Key data collection systems including instruments, IT, and staffing for NC Child Fatality Prevention Team, Behavioral Risk Factor Surveillance System, Violent Death Reporting System, PRAMS and CHAMP, etc.
    b. Staff positions such as those relating to the State Child Fatality Prevention Team, DSS Child Death Reviewers, etc.
    c. NC FAST
7. Maintain existing support for evidence-based prevention, screening and treatment programs for FY12-13, including
    a. Child Medical Evaluation Program
    b. Children's Advocacy Centers
    c. Child Treatment Program
    d. Suicide gatekeeper programs, such as ASIST and QPR

Legislative – Endorse

8. Endorse $250,000 for the Perinatal Quality Collaborative of NC
9. Endorse $17.3 million for tobacco cessation and prevention
10. Continue to endorse the NC Coalition Against Domestic Violence and the Domestic Violence Commission recommendation to improve tracking of DV cases (H176)

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Administrative Recommendations and Issue Monitoring

1. Continue to track and monitor if reductions are proposed to NC Healthy Start Foundation core programs
2. Continue to track and monitor proposals that affect access to care for pregnant women
3. Continue to endorse Blueprint for Breastfeeding and applaud progress; distribute materials relating to the NC Blueprint for Breastfeeding
4. Continue to encourage counties and municipalities to adopt local guidelines consistent with State Personnel HR Guidelines on Lactation Support
5. Continue to monitor strategies to promote equities in birth outcomes
6. Support development of a project for effective, evidence-informed messages to parents prenatally and postpartum
7. Work with partners towards encouraging National Highway Traffic Safety Authority (NHTSA) assessment of driver education in NC
8. Explore encouraging *Checkpoints* to include NC as a study site
9. Work with partners to promote driving safety, including around speeding and distracted driving
10. Work with community partners to decrease barriers and increase incentives for driver education
11. Assure web or other available resources for parents of new drivers
12. Promote with localities evidence-informed strategies to promote teen road safety, including avoiding fear-based strategies
13. Work with partners to educate public about $160+ cost of a seatbelt violation
14. Work with partners towards establishment of permanent drop-off locations for unneeded medications and other strategies to reduce youth access to dangerous medications
15. Work with partners to promote enhancements of Controlled Substance Registry System to help reduce unintentional poisonings
16. Work with partners to promote development of training for prosecutors on synthetic drug cases
17. Monitor policies that would change access to lethal means by depressed or suicidal teens
18. Monitor administrative activities promoting evidence based programs, promising practices and evidence-informed strategies
19. Promote strategies that integrate service delivery and data systems for children and families receiving support from multiple public agencies
20. Support administrative efforts to improve e-codes
21. Track use of elements from the High Priority Infant Program screening tool
22. Support enhanced surveillance efforts

Perinatal Health Committee

Recommendations for 2011 CFTF Action Agenda

Legislative

1. Recommend funding for the Infant Mortality Prevention bundle including (similar to S28):
    a. $202,000 recurring to the NC Healthy Start Foundation for Safe Sleep
    b. $425,000 recurring to the March of Dimes for its Preconception Health Campaign
    c. $325,000 recurring to the ECU High-Risk Maternity Clinic
    d. $ 47,000 nonrecurring to the UNC Center for Maternal and Infant Health for 17P
    e. $ 50,000 non-recurring to the UNC Center for Maternal and Infant Health to promote positive messages to families prenatally and postpartum
2. Endorse of $250,000 for the Perinatal Quality Collaborative of NC
3. Endorse for $17.3 million for tobacco cessation and prevention

Administrative and Monitoring

4. Continue to track and monitor if reductions are proposed to NC Healthy Start Foundation core programs
5. Continue to track and monitor proposals that affect access to care for pregnant women
6. Continue to endorse the Blueprint for Breastfeeding and applaud progress; distribute materials relating to the NC Blueprint for Breastfeeding
7. Continue to encourage counties and municipalities to adopt local guidelines consistent with State Personnel HR Guidelines on Lactation Support
8. Continue to monitor strategies to promote equities in birth outcomes

Intentional Death Prevention Committee

Recommendations for 2012 CFTF Action Agenda

Legislative

1. Maintain existing support for surveillance efforts and monitor policies/funding cuts that would reduce data robustness or information about child death and injury, including
    a. Key data collection systems including instruments, IT, and staffing for NC Child Fatality Prevention Team, Behavioral Risk Factor Surveillance System, Violent Death Reporting System, PRAMS and CHAMP, etc.
    b. Staff positions such as those relating to the State Child Fatality Prevention Team, DSS Child Death Reviewers, etc.
    c. NC FAST
2. Maintain existing support for evidence-based prevention, screening and treatment programs for FY12-13, including
    a. Child Medical Evaluation Program
    b. Children's Advocacy Centers
    c. Child Treatment Program
    d. Suicide gatekeeper programs, such as ASIST and QPR
    e. Child physical and behavioral health services
    f. Other primary prevention programs and services
3. Monitor policies that would change access to lethal means by depressed or suicidal teens
4. Support $ 50,000 non-recurring to the Center for Maternal and Infant Health to promote positive messages to families prenatally and postpartum
5. Continue to endorse from last year's agenda recommendations from the NC Coalition Against Domestic Violence and the Domestic Violence Commission that affect children:
    a. Improved tracking of DV cases (H176)

Administrative and Monitoring

6. Monitor administrative activities promoting evidence based programs, promising practices and evidence-informed strategies
7. Promote strategies that integrate service delivery and data systems for children and families receiving support from multiple public agencies
8. Support administrative efforts to improve e-codes
9. Track use of elements from the High Priority Infant Program screening tool
10. Support enhanced surveillance efforts

Unintentional Death Committee

Recommendations for 2012 CFTF Action Agenda

Legislative

1. Require phased-in replacement of traditional smoke alarm units with tamper-resistant lithium battery smoke alarms in rental units, keeping in statute the requirement for CO detectors
2. Decrease barriers and increase incentives for driver education
3. Promote speed cameras in school zones with a pilot
4. Make failure to wear a backseat seatbelt a primary offense
5. Ban youth under age 18 from using commercial tanning beds

Administrative and Monitoring

6. Work with partners towards encouraging NHTSA assessment of driver education in NC
7. Explore encouraging *Checkpoints* to include NC as a study site
8. Work with partners to educate public about $162 cost of a seatbelt violation (?)
9. Work with partners to promote driving safety, including around speeding and distracted driving
10. Assure web or other available resources for parents of new drivers
11. Promote with localities evidence-informed strategies to promote teen road safety, including avoiding fear-based strategies
12. Work with partners towards establishment of permanent drop-off locations for unneeded medications and other strategies to reduce youth access to dangerous medications
13. Work with partners to promote enhancements of Controlled Substance Registry System to help reduce unintentional poisonings
14. Work with partners to promote development of training for prosecutors on synthetic drug cases

Legislative History and Accomplishments

Legislative History and Accomplishments

Every year since its creation in 1991, the North Carolina Child Fatality Task Force has helped achieve legislative victories for children. The following list is organized by year and includes most—but not all—of the legislative accomplishments of the Child Fatality Task Force.

1991

North Carolina Child Fatality Task Force established. The Task Force, a diverse legislative study commission, was charged to study the incidence and causes of child death as well as to make recommendations for changes to legislation, rules, or policies that would promote the safety and well-being of children. The Task Force was also charged to develop a system for multi-disciplinary review of child deaths.

Community Child Protection Teams (CCPTs) established. CCPTs were established in each county by Executive Order. Each CCPT has the responsibility to review selected active Child Protection Services cases of the county Department of Social Services and review all cases in the county in which a child died as a result of suspected abuse and neglect. The purpose of these reviews is to identify gaps and deficiencies in the community child protection system and safeguard the surviving siblings.

North Carolina Child Fatality Review Team (State Team) established. The State Team, a multi-agency panel, was directed to review all cases of fatal child abuse, all deaths of children known to Child Protective Services before their deaths, and additional cases of child maltreatment. The purpose of the reviews is to discover the factors contributing to child fatalities in North Carolina. The State Team is required to report to the Task Force and to recommend legislation to prevent child deaths.

1992

North Carolina Child Fatality Task Force membership expanded to include members of the General Assembly. Two Senators and two members of the House of Representatives, as well as one local health director, were appointed.

North Carolina Child Fatality Task Force extended to 1995.

Additional funds appropriated for Child Protective Service Workers. The Task Force requested $5 million, with a plan to request a total of $30 million over several years. The bill also called for a study of the financing of CPS positions in county Departments of Social Services. The General Assembly appropriated $1 million

Pilot programs for Family Preservation Services funded. The General Assembly appropriated $410,000 for the Basic Social Services plan in three to five counties as pilots, and $50,000 to develop and implement model programs of locally-based Family Preservation Services.

Study of Child Protective Services funded. The General Assembly appropriated $80,680 to conduct a study to determine a method that would ensure accountability by the county Child Protective Services programs, to ascertain the best management structure for Child Protective Services, and to determine the need for stronger state supervision of county programs.

"Hot Lines" established. The General Assembly appropriated $62,000 to establish 24-hour Protective Services "hot lines" in each county.

Additional funds for the Child Medical Evaluation Program appropriated. The General Assembly appropriated $935,750 for the Child Medical Evaluation program, $180,000 of which was allocated for a backlog of claims for services and was non-recurring.

Protocols required. The legislation directed the State Division of Social Services to ensure that community interdisciplinary teams develop protocols for use in child abuse and neglect reviews.

1993

Local Child Fatality Prevention Teams (CFPTs) established. Local CFPTs were directed to review all child deaths in each county unless the death was already under review by the local Community Child Protection Team (CCPT). Since each county now had two community-based teams, the local CFPT and CCPT were given the option of joining together or operating independently. The multi-agency membership for the local teams was established by state statute.

Child Fatality Task Force specifically charged to study the incidence and causes of child abuse and neglect.

Additional funds for Child Protective Services Workers appropriated. The General Assembly appropriated $2 million, but maximum caseload standards were not established by statute.

Committee established to develop a payment plan for the evaluation of maltreated children. The resulting committee recommended funding regional maltreatment resource centers.

NCGA Chapter 7A revised. Changes include creating the duty to report and investigate child dependency as well as child abuse and neglect; requiring county Department of Social Services directors, upon receiving a report about a child's death as a result of suspected child maltreatment, to ascertain immediately whether or not there are other children in the home; improving information sharing; and mandating that child fatalities from alleged maltreatment be reported to the State Division of Social Services Central Registry.

Driving While Impaired (DWI) law amended. The amended statute provides that the presence of a child under 16 years of age in a vehicle driven by a person convicted of a DWI violation shall be considered a grossly aggravating factor in sentencing.

Funding for student services personnel provided. The General Assembly appropriated $10 million for school counselors, to fulfill a provision of the Basic Education Plan.

Comprehensive health screening for kindergarten students mandated. This law requires each child to have a comprehensive health screening evaluation by the time he or she enters kindergarten.

1994

Six additional members of the General Assembly appointed to the Task Force. Three Senators and three members of the House of Representatives were appointed.

North Carolina Child Fatality Task Force extended to 1997.

Family Preservation Program expanded. The General Assembly appropriated $500,000 to expand this program.

Prosecutorial child protection law passed. This law provides for bail and pretrial release conditions determined by the judge in child abuse cases. It also provides for children to be made comfortable in courtrooms during child abuse cases.

Child passenger safety law strengthened. This law requires children under 12 to be safely restrained while riding in a car, whether they sit in the front or the back seat. Infants and toddlers under age four must be secured in child safety seats; older children must use seat belts.

The following laws were passed during the Special Session on Crime called by the Governor in 1994:

The Task Force supported several components of the Governor's crime package of legislation that applied to juveniles: **Family Resource Centers, Wilderness Camps, the Mentor Training Program for Coaches, and the Governor's One-On-One Program**.

The Task Force worked to amend a bill calling for a comprehensive study of the Division of Youth Services' Juvenile Justice System. The amendment provided for **diagnostic assessments of all youth in state training schools** to determine that each youth has been properly placed.

Community-Based Alternatives program funded. The General Assembly appropriated $5 million for programs that are intended to reduce the number of youths committed to training schools by rehabilitating these troubled youths in their communities.

The Task Force also worked to increase **the penalty for illegally selling guns to a minor from a misdemeanor to a felony**. This felony charge for a weapons violation enables law enforcement to aggressively prosecute those who illegally sell firearms to minors.

1995

Training for child sexual investigations initiated. The Task Force requested $125,000 for statewide, multidisciplinary training for child sexual abuse investigations. The training was funded for $38,336 recurring and $5,000 non-recurring funds through the State Bureau of Investigation.

Underage drinkers prohibited from driving. The Task Force endorsed legislation requiring "zero tolerance" for alcohol measured in the blood or breath of drivers 18 to 20 years old.

Smoke detectors required in all rental property. This law filled in a gap in North Carolina's smoke detector laws by requiring landlords to install operable smoke detectors for every dwelling.

Sale of fireworks to children prohibited. Before 1993, the sale of pyrotechnics was illegal in North Carolina. In 1993, the General Assembly allowed the sale of some pyrotechnics. The Task Force sought to repeal these changes to the pyrotechnics law in 1995. The General Assembly did not repeal the 1993 law, but a bill was passed that restricts the sale of those pyrotechnics to persons over the age of 16.

Adoption proceedings moved from Superior to District Court. The Task Force sponsored this legislation as a first step toward creating a comprehensive family court system in North Carolina.

1996

Child abduction law strengthened. This law applies the penalty for abducting a child from a parent, guardian, or school or abductions from any agency or institution lawfully entitled to the child's custody.

1997

Dependent juvenile definition changed. The old statute defined a juvenile as dependent if his or her parents were unable to provide care "due to physical or mental incapacity." This language did not make provision for other situations, such as one in which one or both parents are incarcerated. This law broadened the definition of dependent juvenile and enabled hundreds more children to receive help from the Department of Social Services.

Intensive Home Visiting partially funded. The Task Force had a standing goal of encouraging the state to appropriate $3.2 million for intensive home visiting programs that have been shown to be effective in reducing the incidence of child abuse and neglect, unwanted pregnancy, and juvenile involvement with the courts. In 1997, the General Assembly appropriated $825,000 for home visiting, with an additional $200,000 in 1998.

Graduated Drivers License mandated. This measure gives new teenage drivers more experience – and a greater chance of survival – as the result of a three-step process for obtaining a driver license. This ensures that beginning drivers get a full year of supervised practice driving with a parent. It also restricts night-time driving for new licensees during the first six months of unsupervised driving.

1998

Sunset of the Task Force lifted.

Court Improvement Project launched. To reduce the amount of time that children are in foster care, the Task Force supported legislation to change the process for handling abuse and neglect cases. As a result of this legislation, termination of parental rights may now be a motion in the cause, adjudication must take place within 60 days of the filing of the petition, the first hearing must be at 90 days, and the second hearing within six months.

Smoke detector penalty set. This law sets a $250 penalty for landlords who fail to install smoke detectors in rental units and a $100 penalty for tenants who destroy or disable smoke detectors after they have been installed.

1999-2000

Child passenger safety law strengthened. The passage of Senate Bill 1347 will save an estimated five lives and 45 serious injuries among child passengers aged 16 or younger each year. The new law imposes a two-point driver's license penalty on drivers who do not see that young passengers are in age-appropriate safety restraint. The enactment of this law closes one of the last remaining gaps in the state's motor vehicle passenger safety laws.

Juvenile procedures clarified. Passage of House Bill 1609 will help move children from abusive, dangerous environments toward safer, permanent homes. The old law required that parents be given separate notices of the possible termination of their parental rights, even if termination is clearly best for the child. This measure streamlines the legal process while preserving parents' rights to proper notification.

Guardianship strengthened. Sometimes called "soft adoption," guardianship is a good option for some children who need a safe, nurturing home. Passage of Senate Bill 1340 clarifies the rights and duties of a legal guardian and thereby creates a more stable home for children with court-appointed guardians.

2001

Infant Homicide Prevention Act passed. House Bill 275 created a safe haven for newborns who would otherwise be abandoned by their distraught mothers.

Child Bicycle Safety Act passed. House Bill 63 established that bicycle riders age 15 and younger must wear an approved helmet when riding on public roads and rights-of-way.

Child Fatality Task Force 10-Year Anniversary celebrated. In the ten years of the Task Force's existence, the child death rate in North Carolina dropped approximately 20 percent. At 76.4 deaths per 100,000 children, North Carolina experienced the lowest child fatality rate it had ever recorded.

2002

"Kids First" license tags issued. The General Assembly and the Division of Motor Vehicles authorized and issued "Kids First" license tags, with the proceeds going to the North Carolina Children's Trust Fund.

Key programs continued. During a time of intensive budget cuts, the Intensive Home Visiting program, the Healthy Start Foundation, the folic acid campaign, and the birth defects monitoring program all received continued funding.

Graduated Driver Licensing system improved. A provision was added to the existing system which limits the number of passengers under age 21 that a novice driver may transport during the first six months of unsupervised driving (allowing only one young, non-family member).

2003

Safe Surrender supported. Task Force members lent their support to the Division of Public Health who was successfully awarded a grant from the Governor's Crime Commission for FY '03-'04 to increase public awareness of the Infant Homicide Prevention Act (aka NC Safe Surrender Law).

2004

NC Booster Seat Law (Senate Bill 1218) ratified. The law established that a child less than eight years of age and less than 80 pounds in weight shall be properly secured in a weight-appropriate child passenger restraint system. In vehicles equipped with an active passenger-side front air bag, if the vehicle has a rear seat, a child less than five years of age and less than 40 pounds in weight shall be properly secured in a rear seat, unless the child restraint system is designed for use with air bags. If no seating position equipped with a lap and shoulder belt to properly secure the weight-appropriate child passenger restraint system is available, a child less than eight years of age and between 40 and 80 pounds may be restrained by a properly fitted lap belt only.

Endorsed. The Task Force endorsed: Strengthening penalties when methamphetamine is manufactured in a location that endangers children.

2005

All-Terrain Vehicle Safety Law (Senate Bill 189) ratified. The law established that a child less than eight years of age is not allowed to operate an ATV. In addition the law creates restrictions based on age and machine size for children between the ages of eight and 16. The law also requires adult supervision for children under 16, restricts passengers to those ATVs designed for more than one person, bans operation on public streets, roads and highways, and outlines equipment standards for sellers and buyers. In addition, safety training is now required for operators as is the use of safety equipment.

2006

Unlawful Use of a Mobile Phone Law (Senate Bill 1289) ratified. The law established that children under the age of 18 cannot operate a motor vehicle while using a mobile phone or any technology associated with mobile phones. Exceptions were created for teens talking with their parents, spouses or emergency personnel.

Rear Passenger Safety Law (Senate Bill 774) ratified. The law requires use of rear-seat safety belts by all passengers of non-commercial vehicles.

Strengthen Sex-Offender Registry Law (House Bill 1896) ratified. The law strengthened North Carolina's existing sex offender registry system by requiring additional standards for monitoring sex offenders, including extensive monitoring of the most predatory offenders upon their release from prison.

Funds to Prevent Child Maltreatment (Senate Bill 1249) appropriated. $90,000 in recurring funds was allocated to the Department of Health and Human Services for one position to staff the Child Maltreatment Leadership Team and carry forth recommendations of the North Carolina Institute of Medicine's Task Force on Child Abuse Prevention.

General Statute 7B-302 DSS Disclosure of Confidential Information (Senate Bill 1216) amended. The amendment clarified the ability of county Departments of Social Services to share confidential information with other professional entities. The amendment also put North Carolina in compliance with federal child welfare funding guidelines and allowed for continued federal support.

Funds to Prevent Preterm Births (Senate Bill 1741) appropriated. $150,000 in non-recurring funds was allocated to provide medications to low-income women at-risk of a second premature birth. The medication is proven to reduce recurring preterm births by 33 percent.

Funds to establish a Perinatal Health Network (Senate Bill 1253) appropriated. $75,000 in non-recurring funds was allocated for the creation of a professional perinatal health network. The network will bring together perinatal health leaders to plan strategically for the reduction of infant mortality and promotion of women's and infants' health in North Carolina.

Endorsed. The Task Force endorsed: 1) continuing the Medicaid Family Planning Waiver; 2) recurring funding of the North Carolina Folic Acid Campaign at $300,000; 3) recurring funding for the North Carolina Healthy Start Foundation for statewide infant mortality reduction initiatives and conversion of non-recurring funding to recurring funding status; 4) recurring funding for the North Carolina Birth Defects Monitoring Program at $325,000.

Administrative changes recommended. 1) support the North Carolina Division of Public Health efforts to procure grant funds for youth suicide prevention; 2) form a CFTF subcommittee to work on gun safety, specifically pursuing a gun safety awareness campaign, creating talking points on gun safety, and seeking common ground to prevent injury and death to children and youth due to firearms.

2007

Child Passenger Safety Exemption (Senate Bill 23) ratified. Amended § 20-317.1. (Child restraint systems required), by removing exemption (b)ii "when the child's personal needs are being attended to" in order to qualify North Carolina for the continuation of $1 million in child passenger safety funding from the National Highway Traffic Safety Administration.

Funds to address infant deaths secured. Appropriations recommended by the Child Fatality Task Force were secured, and included: $97,000 in non-recurring funds to prevent preterm births by providing the medication known as 17-Progesterone to uninsured women, and $150,000 in non-recurring funds for a statewide Safe Sleep awareness campaign.

Endorsed. The Task Force endorsed: 1) $200,000 in recurring funds were provided for the birth defects monitoring system; 2) $150,000 in non-recurring funds were provided for the North Carolina Healthy Start Foundation; 3) the Fire Safe Cigarette Act (House Bill 1785) passed and requires cigarette manufactures to produce and market only cigarettes that adhere to an established cigarette fire safety performance standard.

Legislative charge received. Senate Bill 812 directed the Child Fatality Task Force to study issues relating to requiring the installation and use of passenger safety restraint systems on school buses and report findings by May 2008.

2008

Amend Child Abuse (Senate Bill 1860) ratified. An act to increase the criminal penalty for misdemeanor child abuse and to amend the criminal offense of felony child abuse.

Hospital Report Child Injuries (House Bill 2338) ratified. An act to require hospitals and physicians to report serious, non-accidental trauma injuries in children to law enforcement officials.

Funds to prevent preterm births provided. $97,000 in non-recurring funds appropriated to continue efforts to provide minority and low-income women at-risk for delivering a premature infant with a preventative treatment to reduce the risk of a recurring preterm birth.

Funds to reduce infant deaths secured. $150,000 in non-recurring funds appropriated to continue funding for a statewide public awareness campaign to promote safe sleep and reduce infant deaths due to Sudden Infant Death Syndrome (SIDS) and unintentional suffocation/strangulation.

Child Passenger Safety Technician Liability (House Bill 2341) ratified. An act to limit liability for the acts of certified child passenger safety technicians and sponsoring organizations of child safety seat educational and checking programs when technicians and sponsoring organizations are acting in good faith and child safety seat inspections, installation, adjustment or education programs are provided without fee or charge.

Require Carbon Monoxide Detectors (Senate Bill 1924) ratified. An act to authorize the North Carolina Building Code Council to adopt provisions in the Building Code pertaining to the installation of carbon monoxide detectors in certain single-family or multifamily dwellings; to require the installation of operational carbon monoxide detectors in certain residential rental properties and to provide for mutual obligations between landlords and tenants regarding the installation and upkeep of carbon monoxide detectors.

Transporting Children in Open Bed of Vehicle (House Bill 2340) ratified. An act to increase the protection of children who ride in the back of pickup trucks or open beds of vehicles by raising the minimum age to 16 and removing the exemption that made allowances for small counties.

Change Format of Driver Licenses/Under 21 (House Bill 2487) ratified. An act to change the format of a driver license or special identification card being issued to a person less than twenty-one years of age from a horizontal format to a vertical format to make recognition of underage persons easier for clerks dealing in restricted age sales of products such as alcoholic beverages and tobacco products.

2009

Funding to prevent preterm births provided. $97,000 in non-recurring funds appropriated to continue efforts to provide minority and low-income women at-risk for delivering a premature infant with a preventative treatment to reduce the risk of a recurring preterm birth.

Funding to reduce infant deaths provided. $150,000 in non-recurring funds appropriated to continue funding for a statewide public awareness campaign to promote safe sleep and reduce infant deaths due to Sudden Infant Death Syndrome (SIDS) and unintentional suffocation/strangulation.

The Division of Medical Assistance directed to explore interconceptional care. This direction allows DMA to pursue a federal waiver or other mechanism to offer a basic package of interconceptional care services to low-income women at high-risk for delivering prematurely.

Funding continued for Child Medical Evaluation System. This system provides diagnostic services to children suspected of being victims of child maltreatment.

Interagency agreements established to better protect children from violent sex offenders. The federal Adam Walsh Child Protection and Safety Act requires a more comprehensive, nationalized system for registration of sex offenders. To meet this goal, interagency collaboration has been established between the State Bureau of Investigation, the Sheriff's Association, the Division of Social Services (DSS) and others.

An Act to Prohibit the Retail Sale and Distribution of Novelty Lighters (**Senate Bill 652) ratified.** This act to protect children by banning the sale of novelty lighters.

The Nicholas Adkins School Bus Safety Act (House Bill 440) ratified. This measure assures that pictures taken of drivers committing a stop arm violation are acceptable evidence for conviction and makes it a felony if a student is killed due to an illegal pass of a stopped school bus.

Youth employment protections passed. Enhance Youth Employment Protection Act (H22) enhances reporting and surveillance requirements by the Department of Labor. Strengthen Child Labor Violation Penalties (H23) increases penalties to employers who violate child labor requirements.

2010

Funding to preserve infant mortality prevention infrastructure maintained. Due to on-going state budget constraints, the Task Force focused on maintaining a package of services that works together to help babies be born healthy and to make it to their first birthday. Elements of the package include the following: $350,000 for the NC Folic Acid/Preconception Health Campaign to decrease neural tube defects and improve birth outcomes; $325,000 for the Eastern Carolina University High-Risk Maternity Clinic to improve birth outcomes in Eastern North Carolina; $150,000 for Safe Sleep to avoid SIDS and other sleep-related deaths; $97,000 for 17-Progesterone distribution to help prevent pre-term births; $408,000 for the Healthy Start Foundation to improve maternal health prior to and during pregnancy.

Increase Drivers License Restoration Fee (S655) ratified. This act increases the fee that drivers who have their licenses suspended following conviction for impaired driving must pay to have their licenses later restored. All funds raised (an estimated $560,000 each year) will go to Forensics Tests for Alcohol to continue programs to deter, detect and convict impaired drivers.

2011

Funding to preserve infant mortality prevention infrastructure maintained. Due to on-going state budget constraints, the CFTF focused on maintaining a package of services that works together to help babies be born healthy and to make it to their first birthday. Elements of the package include the following: $350,000 for the NC Preconception Health Campaign to decrease neural tube defects and improve birth outcomes; $150,000 for Safe Sleep to avoid SIDS and other sleep-related deaths; $47,000 for 17-Progesterone distribution to help prevent pre-term births. These items were funded nonrecurring out of the Maternal and Child Health Block Grant.

Fine for speeding in a school zone increased to $250 (S49) Speeding just an extra 10 mph in a school zone greatly increases the chance of death for a student hit by a car. The chance of pedestrian death increases 9- fold (from 5% to 45%) with an increase in speed from 20 mph to 30 mph. This bill makes the fine for speeding in a school zone equal to that of speeding in a construction zone.

Sale of certain dangerous synthetic substances banned (S7) This act bans substances previously available legally including a synthetic cannabinoid that produces a marijuana-like high and MDPV, a synthetic that produces a cocaine-like high and hallucinations. The ban went into effect June 1, 2011. Throughout the early implementation period, the CFTF has worked with law enforcement and others to monitor the effectiveness of the ban.

Penalty for driving impaired with a child in the car enhanced (S241). Motor vehicle crashes are the leading injury- related cause of death for children and impaired driving is a factor in 15% - 20% of those deaths. National data show that most children who die in crashes where alcohol is involved are the passenger of the impaired driver. Additionally, impaired drivers are also less likely to buckle-up their children safely.

Concussion protocols established (The Gfeller-Waller Athletic Concussion Awareness Act - H792). This act requires that coaches, other school personnel and parents of middle and high school athletes receive information about concussions and prohibits same-day return-to-play. Only once cleared for play by specified health providers may athletes later return to practice or play.

Changes to the graduated driver licenses system monitored. Since North Carolina adopted graduated driver licensing, crashes are down 38% for 16-year-olds and 20% for 17-year-olds, among the best results of any state. Time spent driving and gaining experience is critical for teens learning to drive more safely. Changes from Modify Graduated Licensing Requirements (S636) include requiring that learning drivers keep a log of time and conditions driven. Additionally, a provisional license will be revoked if the licensee is charged with a variety of serious driving violations, such as excessive speeding. The Division of Motor Vehicles is charged with evaluating the effectiveness of the provisions.

Endorsed. The Perinatal Quality Collaborative of NC received $250,000 in funding (from the Maternal and Child Health Block Grant).

2011 Administrative Action and Accomplishment

The CFTF works to makes policies stronger for children. Sometimes that involves legislation, but sometimes it involves administrative monitoring or advocacy.

Perinatal Health

Coordinate efforts to work with hospitals to reach new parents with important messages: *One Perinatal Health Committee Co-Chair coordinated a team of University of North Carolina at Chapel Hill graduate students who worked with a variety of partners to explore ways to improve this process. Key stakeholders were convened. Funding is being sought to establish quality initiative best practice for coordinating educational messages prenatally and postpartum. (See Appendix A for a fuller description of work and needs to date.)*

Support Medicaid reimbursement for certified lactation consultants. *The Perinatal Quality Collaborative of North Carolina is working with the Division of Public Health, Perinatal Health Committee members and other stakeholders to make recommendations to the Administration on the specifics of such reimbursement.*

Distribute materials relating the NC Blueprint for Breastfeeding. *The State Breastfeeding Coordinator in the Division of Public Health updated a status report on the progress towards achieving important breastfeeding goals. This report has been shared with CFTF members and participants and will be distributed to legislators in early 2013.*

Encourage counties and municipalities to adopt local guidelines consistent with the *State Personnel HR Guidelines on Lactation Support.* *Breastfeeding friendly policies have been shown to reduce turnover and absenteeism as well as lower medical/health insurance costs. The guidelines in the State Personnel HR Guidelines have proven to be effective. At the March 2012 meeting of the International Personnel Managers Association organized by the NC League of Municipalities, information about the benefits of lactation policies and sample policies were disseminated.*

Continue support of the NC Maternity Center Breastfeeding-Friendly Designation (NC MCBFD) program. *As of April 2012, 15 of 88 birthing hospitals in NC have received some level of designation. The NC MCBFD is being adopted by the State of Washington and adapted by the State of Georgia.*

Monitor strategies that affect infant mortality racial disparities. *The Perinatal Health Committee held three meetings on this topic with presentations from national experts, researchers, local program directors and others. This resulted in creation of the NC Equity in Birth Outcomes Council which has convened stakeholders from around the state to develop and advance an action agenda to promote equitable birth outcomes through the life-course model. More information is available on-line: http://mombaby.org/index.php?c=4&s=10092*

Intentional Death Prevention

Fund the Child Treatment Program (CTP). *CTP trains and supports clinicians in delivering proven-effective, time-limited services to children and their families to address abuse and other trauma. It uses an implementation platform to support the dissemination and long-term support of an array of evidence-informed child trauma and behavior treatment modalities. Specifically, CTP seeks to address significant trauma and loss, including exposure to: abuse, assault, family violence, community violence, school violence, effects of serious medical problems, large-scale disasters, and overwhelming bereavement. Since 2009, NC CTP has trained 60 licensed mental health clinicians annually in Trauma-Focused Cognitive Behavioral Therapy (NC Division of Social Services grant funding). NC CTP also receives federal funds through the Administration of Children and Families (US DHHS), to expand the service array to include four additional models (available summer 2012 at www.NCChildTreatmentProgram.org). For FY 2012/2013, NC CTP is seeking funding to train 60 additional therapists in TF-CBT (NC DSS grant funding) and to bring evidence-based trauma treatment to NC Division of Juvenile Justice Youth Development Centers (Duke Endowment grant funding). Current funding is time-limited and non-recurring.*

Incorporate child death scene investigation into basic law enforcement training. *Investigating a child death has different elements to investigating other deaths. (For example, the presence of items in the crib can provide important information to the medical examiner in determining cause of death.) While the Office of the Chief Medical Examiner (OCME) has trained thousands of law enforcement officers and others over the years in specialized training, child death scene investigation was not part of the regular training for new officers. Working together, the OCME and Justice Academy have revised the introductory curriculum to include key components of child death scene investigation which started July 1, 2011.*

Endorse full implementation of the Strategic Plan for the NC Medical Examiner System, including regionalization with trained death scene investigators. *The State Team withdrew this request as the OCME seeks to re-evaluate the plan.*

Place a high priority on a comprehensive case management system through NC FAST for the Division of Social Services (DSS). *The Task Force was particularly concerned about updating the part of the system that focuses on child welfare including sharing of information across county lines. Funding was provided for NC FAST in the state budget (up to $9.6 million nonrecurring in each of the next two fiscal years). Development of the Child Welfare Services element is being prioritized and piloted. Completion is estimated for early 2014.*

Encourage the Division of Public Health to continue to work with partners to explore development of a surveillance system for child abuse and neglect. *Deaths by homicide or caregiver are the most extreme outcome of child maltreatment. Public health surveillance is the on-going systematic collection of health data to understand and address health problems. The Injury and Violence Prevention Branch (IVPB) of the Division of Public Health was among a handful of successful applicants for CDC funding to enhance surveillance for child abuse and neglect. (The Task Force wrote a letter in support of the application.) The scope of work includes an epidemiologist position focused on developing a child maltreatment surveillance system. Additionally, IVPB has received funding from the John Rex Endowment to create a child maltreatment surveillance incubator in Wake County.*

Monitor CARELINE and other warm lines for suicide prevention. *The CARELINE was eliminated. The Division of Developmental Disabilities, Mental Health and Substance Abuse Services assured that all calls are routed appropriately to help youth get the assistance they need.*

Track progress on training of child care workers to recognize and report signs of child abuse.
Prevent Child Abuse NC has completed online training appropriate for educators and others on recognizing and referring child abuse and neglect concerns. Between January and March 2012 more than 800 North Carolinians completed the training, far exceeding the expectation that approximately 100 people per year would use the on-line training. The majority of people using the training are child care teachers and other users include county CPS staff, law enforcement, social workers and K-12 teachers; 99% of those going through the training have successfully completed the post-test.

Unintentional Death

Enable the NC Department of Insurance to provide staff support to a Safe Kids North Carolina non-profit organization. *Safe Kids, working together with the CFTF and other stakeholders, has formed a relationship with the Public Health Foundation and created by-laws for a Safe Kids North Carolina Steering Committee. This allows the Safe Kids NC Steering Committee the ability to pursue grants for car seats, smoke alarms, trainings and other opportunities to improve child safety in North Carolina and support the work of Safe Kids without additional state expenditures.*

Promote state efforts to effect as soon as possible the establishment of permanent drop-off locations for unneeded medications. *Until very recently, only law enforcement could take control of certain unneeded medications, due to federal law. This law has changed. Rule making is in process and exact procedures are not yet set. The Pitt County Sheriff's Office established one of the first permanent drop off sites in the state and there are at least 25 additional sites in police departments and sheriff offices across North Carolina as of April 15, 2012.*

Support creation of the Department of Public Instruction coordinator position focused on driver education currently in process between DPI and the Department of Transportation to implement a standardized curriculum, data collecting/analysis and other key functions. *The Department of Public Instruction received an extension grant from the Governor's Highway Safety Program for continuing to employ a full time Driver Education Consultant. The funding for this position expires September 30, 2012. Work through this position has updated contacts for all district driver education programs, convened stakeholders to update driver education policies, monitored compliance, provided technical assistance and formed and worked with the advisory committee on strategic planning, curriculum review and distribution, and planning to meet all the requirements of the legislative reform.*

Support the Child Care Commission rule to require that child care providers inform parents about whether or not the provider carries liability insurance. *Based on comments and input from providers, the Child Care Commission adopted a rule that said* "The legal operator shall provide to parents written notification if the facility does not carry accident or liability insurance." *The rule was filed with the Rules Review Commission (RRC). In their review, the RRC determined that the Child Care Commission did not have statutory authority for the rule and the rule was withdrawn by the Commission.*

Monitor and support federal efforts to reduce childhood exposure to toxins.
Senator Lautenberg (NJ) introduced S 487, the Safe Chemicals Act. The Child Fatality Task Force has written letters to all members of the NC Congressional Delegation.

Monitor proposed federal requirements or proposed state changes to laws affecting child agriculture workers. *A national survey showed that 4 out of 5 Americans agreed that child labor laws should protect children equally, regardless of the industry in which they worked.*

North Carolina Child Fatality Prevention Team

The North Carolina Child Fatality Prevention Team (NC CFPT or State Team) was created by legislative decree in 1991 as a multidisciplinary team consisting of representatives from agencies and organizations that are components of creating a healthy and safe place for the children of North Carolina. The State Team reviews all child deaths (ages birth through 17 years) certified by the North Carolina Medical Examiner System. These deaths include accidents, homicides, suicides, violent deaths, suspicious deaths as well as other cases where death was not expected. The mission is to identify issues and trends to determine best practice and to assist in the formation and implementation of laws and policies that will prevent future deaths and improve the lives of North Carolina's children.

2010-2012 Activities of the North Carolina CFPT

The NC CFPT serves as a valuable resource for individuals, agencies and organizations throughout North Carolina and to make contributions at a regional and national level:

- Evaluate North Carolina Emergency Medical Services response in several types of child death and produced a report with suggestions and recommendations for improvement;
- Collaborate with the North Carolina Department of Justice Law Enforcement & Training Standards commissions to include child death investigation as part of basic law enforcement training (a result of State Team recommendations);
- Work with the other components of the NC Child Fatality Prevention System to streamline the recommendation process from local teams up through the Child Fatality Task Force;
- Continue to strengthen and build partnerships with organizations like Safe Kids North Carolina;
- Serve on the Southeast Coalition on Child Fatalities with several other states to communicate and collaborate in our efforts to prevent child deaths in our region;
- Present information about child deaths and child death investigation to law enforcement, social workers, medical professionals and others across North Carolina;
- Continue to review/assess approximately 500 deaths annually in order to identify and make recommendations to address gaps or issues that could prevent child deaths; and
- In the process of producing fact sheets that will be subject-specific and will be posted online to more quickly inform and educate professionals and the public about how children die in our state.

The NC CFPT makes recommendations to the NC Child Fatality Task Force and to agencies and organizations that can take action to improve the well-being of children in our state:

- The Child Fatality Task Force advocate for a campaign that will increase awareness of the responsibilities of the citizens of North Carolina of reporting and responding to child abuse and neglect;

- The NC Department of Social Services evaluate intake procedures and ensure all DSS workers receive annual standardized training on intake procedures to ensure that all reports are appropriately addressed;

- The Child Fatality Task Force pursues the reinstatement of funds to add one research position and reclassify the existing research position. This funding will improve the State Team's ability to produce data in a timelier manner, respond to requests and disseminate information necessary for identifying and supporting prevention efforts;

- The NC Child Fatality Task Force recognize the toll fatality cases take on social workers, law enforcement, medical professionals and others, and study the use and development of resources for workers to address acute and long-term psychological and emotional effects and ensure that agencies have policies that will assist those taking on the additional work of investigating a child death;

- The NC Child Fatality Task Force develop a program of recognition for workers who go above and beyond the call of duty when working on a child fatality;

- Because of the prevalence of substance abuse in case reviews and the success of Operation Medicine Drop, the State Team encourages the Child Fatality Task Force to continue working toward permanent drop off locations for unneeded medication disposal in every county; and

- The NC College of Emergency Physicians clarify the procedure on EMS professionals duty to report suspicions of child abuse and neglect to DSS and require that they document that they made the report to local DSS and, if transported, that their suspicions were reported to Emergency Department staff as well.

Data Summary 2010

Data for the previous year is generally released in the fall of the next year (i.e. 2011 data will be available fall 2012).

According to the NC State Center for Health Statistics (SCHS) **1311** child residents of North Carolina died in North Carolina in 2010. Of those deaths ***455*** were investigated by the NC Medical Examiner System. Therefore, approximately 65% of the child deaths in 2010 were from known and natural disease while 35% were not. Those deaths that were not from known natural causes were reviewed by the NC State Team.

Age Group	SCHS Total Child Deaths	ME/CFPT Total Child Deaths	% of Total Child Deaths that were ME cases*
Infant	854	173	20%
1 – 4 years	153	92	60%
5-9 years	65	31	48%
10 – 14 years	88	41	47%
15 – 17 years	151	118	78%
Total	1311	455	35%

**Numbers are rounded to the nearest whole number.*

As in previous years, annual data reflects that the majority of child deaths from known natural disease and illness occur in infancy while deaths of older children are more likely to be from external causes.

Intentional Deaths

Homicides

Homicidal violence claimed the lives of 42 children. These deaths can be divided into two main categories: *Homicide by Parent or Caregiver (HPC)* and *Other Homicide*.

Homicide by Parent or Caregiver

There were 19 (45%) homicides that occurred at the hands of the person responsible for the child's wellbeing at the time of the death. Children between the ages of 1 and 4 years accounted for 13 (68%) deaths, the largest number of deaths for an age range in this category. Three children between the ages of 10 and 14 years died as a result of caregiver actions; infants accounted for two

of the deaths; and one child in the age range of 5 to 9 years died in this manner. The majority of these deaths were from blunt trauma (11; 58%), while three died from firearm injuries, two from asphyxiation, and one death was from a sharp instrument. Additionally, two children had no cause of death determined but circumstances and/or the condition of the remains indicated that the child was the victim of fatal violence.

Other Homicides

Homicides in which the parent or caregiver was not the perpetrator or the suspected perpetrator accounted for the remaining 23 (55%) deaths. These include deaths from altercations, criminal acts and/or other motivations. The majority of these victims were between the ages of 15 and 17 years (17; 74%). There were three (3) deaths of children between the ages of 10 and 14 years, two deaths between the ages of 5 and 9 years and 1 death of a child between the ages of 1 and 4 years. Firearm injury was the cause of death in 17 cases (74%) and the majority of the deaths. There were two deaths from sharp instruments and two deaths from blunt trauma. Fire (1) and motor vehicle (1) means accounted for the remaining deaths.

Legal Intervention Deaths

There were three deaths determined to be legal intervention deaths. Deaths of this nature occur as a result of a law enforcement official(s) delivering the fatal injury. All three deaths were of teen white males. In all deaths the decedent was in possession of a weapon and investigation of the deaths found that the officer's actions were justified.

Suicides

There were 24 deaths classified as suicide. Older teenagers accounted for the majority of these deaths with 21 (88%) of the decedents between the ages of 15 years and 17 years. Three (3) children between the ages of 10 and 14 years also committed suicide. Males accounted for 17 (71%) deaths and females for seven (29%) deaths. White children accounted for 17 (71%) deaths, black children for four (17%) deaths, one child was Native American. There were 2 children with no race documented. Three children were identified as Hispanic. Asphyxiation (hanging) accounted for the majority of suicide deaths and accounted for 13 (54%) deaths. Firearm injury was the cause in 9 (38%) deaths with handguns and shotguns accounting for four deaths each and one death was by rifle.

Unintentional Deaths

Accidental (unintentional) death is the second leading manner of death for children after natural death. There were 183 deaths ruled accidental in manner in 2010. The NC CFPT classifies these deaths into specific categories to better analyze the factors involved in these deaths and to identify appropriate prevention strategies.

Asphyxiation

Twenty-three children died from asphyxiation and infants accounted for the majority (17; 74%) of asphyxiation deaths. Most accidental asphyxiation deaths of infants occur in sleep environments with deaths from overlying in which a co-sleeper accidentally suffocates an infant and positional asphyxia in which an infant becomes stuck in a position that compromises breathing. Children between the ages of 1 and 4 years accounted for 4 deaths and children between the ages of 10 and 14 years accounted for the remaining two deaths.

Drowning

There were 35 drowning deaths of children in 2010. The majority of drowning deaths (18; 51%) were of children between the ages of 1 and 4 years. Teenagers between 15 and 17 years followed with nine (26%) deaths and children between the ages of 5 and 9 years accounted for six (17%) deaths. There was one death each of an infant and a child between the ages of 10 and 14 years.

Fire

Five children died in three residential fires. All of the children were between the ages of 1 and 4 years. In one incident the fire was believed to have been caused by a kerosene heater, another by smoking materials and in the third fatal fire the cause was not determined.

Firearms

Firearm injuries accounted for five unintentional deaths of children. Three of these children were between the ages of 1 and 4 years and two were between the ages of 10 and 14 years.

Motor Vehicle-Related

There were 103 deaths of children related to motor-vehicle crashes. The majority of deaths were of teenagers between 15 and 17 years (46; 45%). Children between the ages of 1 and 4 years accounted for 20 (19%) deaths. Children between the ages of 5 and 9 years and 10 and 14 years accounted a similar number of deaths with 15 deaths and 14 deaths respectively. There were eight deaths of infants.

Toxins

Nine (9) children died from toxic substances. Teenagers between the ages of 15 and 17 years accounted for seven (7) of these deaths and the remaining two (2) deaths were of children under the age of 4 years. The seven older children all died from toxic levels of prescription drugs. In most cases how and where they obtained the drugs was not known. One younger child died from receiving too much of a prescribed medication. Many substances can be fatal if taken in excess. The remaining death was from water intoxication.

Other

There were two (2) children, and infant and an older teen, who died as a result of injuries sustained in falls and one (1) toddler who died from dehydration.

Natural Deaths

Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS) is a diagnosis of exclusion in which investigation, autopsy and review find that illness, disease or external injury could not have caused the death. There were 52 SIDS deaths in 2010. White infants accounted for the majority of deaths (29); black children accounted for 21 deaths; and two children did not have an identified race. There were two children identified as Hispanic. Males accounted for slightly more deaths (28) than females (24).

Other Natural

Older children can also die sudden and unexpectedly. However, after autopsy and medicolegal death investigation, the majority of these are found to have an illness, disease or defect that leads to the death. These can range from infections to congenital defects to acquired health issues that may not have been previously identified by a medical professional. There were 93 children who were determined to have died from natural disease or defect after autopsy. Of these deaths, infants accounted for 42 of the deaths. Children between the ages of 1 and 4 years accounted for 19 deaths; teenagers between the ages of 15 and 17 years for 13 deaths and children between the ages of 10 and 14 years for 12 deaths. Seven children between the ages of 5 and 9 years also died from natural causes identified at autopsy.

Undetermined Deaths

Undetermined deaths are those in which a manner (circumstance under which the death occurred) of death cannot be determined. Additionally, in the majority of these deaths, the means (mechanism or mode) could also not be determined. In 2010, there were 58 deaths that were undetermined in manner.

Undetermined Infant Deaths

Infants made up the majority of undetermined deaths (49; 85%). Of these deaths, 48 were undetermined because accidental asphyxiation in a sleep environment nor SIDS could be ruled out. The remaining death had additional factors that could not be ruled out.

Other Undetermined Deaths

There were seven children between the ages of 1 and 4 years and two between the ages of 15 and 17 years that were also ruled undetermined. There were four deaths in which a means was determined and more than one manner of death was possible and the remaining 3 deaths had no cause or manner of death determined.

Data Availability

Numbers are subject to change based on new information. This report is only a summary of the annual data available from the State Team. Numbers may differ from those reported by the State Center for Health Statistics as NC CFPT data as causes/manners of death may be recorded after the NC SCHS data closes. Additional information and reports may be available by request. For further information or to make a data request, please contact:

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Appendix A

Prenatal and Postpartum Patient Education

Providing pregnant and new parents with health messages and information is an important strategy in preventing infant mortality. Information about topics such as tobacco use (maternal use and second hand smoke exposure), safe sleep, breastfeeding, managing crying, and many others should be provided to families consistently across North Carolina. One effective way to provide this information to new families is through the health care providers – during prenatal care, labor and delivery, postpartum visits and well baby care.

Many different groups in North Carolina have been working to educate parents and providers about these key infant morbidity and mortality preventive topics for many years. The groups have been challenged, however, by limited resources, sometimes competing messages, and the difficulty of reaching hospital nurses and other providers. These groups came together to talk about their work and strategies under the umbrella of the Child Fatality Task Force via the Perinatal Health Committee.

This group of stakeholders decided that they wanted to continue to work together to find possible ways to expand their reach and provide consistent, comprehensive and quality messaging to new parents and their health care providers. They worked with a team of student researchers, coordinated by Dr. Sarah Verbiest, chair of the Perinatal Health Committee, to respond to interviews and then participate in a larger focus group type meeting. The students' analysis indicated that there were opportunities for partnership and also highlighted North Carolina's proactive approach in thinking about developing a comprehensive approach. As the group continued to discuss their work with other perinatal partners, members agreed that it would be interesting to continue to explore the idea of creating and implementing a quality improvement initiative focused on health information/dissemination to pregnant and new parents. They formed the Prenatal and Postpartum Patient Education Workgroup.

Questions to be explored:

- What does the scientific literature describe as potentially best practice messages? How could these be compiled into a comprehensive product that could be disseminated to Pregnancy Medical Home networks to give to patients?
- What are the core messages that health care providers need to provide to their patients? What is the best timing for these messages (e.g. breastfeeding should be discussed prenatally, supported in the hospital and at the postpartum visit, and reinforced at well child visits)?
- What is the best way to make this information available to providers and patients in a way that isn't overwhelming and is useful?

Other opportunities and considerations:

- Build on the Pregnancy Medical Home assessment tool that providers are required to use with all pregnant patients.
- Base planning on research that recommends timing and method of delivery of health messages.
- Highlight the importance of both direct patient education as well as material dissemination.
- Consider all of the key messages that pregnant and new mothers need including: maternal depression, domestic violence, family planning, healthy weight gain, etc.
- Explore models from other states (if any) that have attempted to develop a QI program for prenatal/postpartum patient education
- Demonstrate the cost benefit of this education and initiative.

Funding Request

While members are committed to the work, developing this concept into a program that can be piloted with a group of pregnancy medical home providers will take more resources than can be bootstrapped onto existing job duties. Therefore, the Perinatal Health Committee is recommending to the full CFTF $50,000 non-recurring to the Center for Maternal and Infant Health. Funds will be used to support a research assistant, graduate student and/or a consultant to research the questions described above and develop an evidence-based model using coordinated messages for pregnant and new parents to improve infant outcomes in North Carolina. The Center for Maternal and Infant Health will work closely with the Perinatal Health Committee's Pregnant and New Parent Education Work Group as well as with clinicians and partners at the Division of Public Health and Community Care of North Carolina to complete this task.

North Carolina Child Fatality Task Force

Contact Information and Structure

Leadership

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Study Committees

The **Intentional Death Prevention Committee** focuses on preventing violent child deaths, such as those due to homicide, child abuse and suicide.

Co-Chairs

Dr. Elaine Cabinum-Foeller, ECU TEDI BEAR Children's Advocacy Center at Brody School of Medicine (representing NC Pediatric Society)

Michelle Hughes, Benchmarks NC

The **Perinatal Health Committee** focuses on the reduction of infant mortality with emphasis on birth defects, SIDS, and perinatal conditions.

Co-Chairs

Belinda Pettiford, NC Division of Public Health, Women's Health Branch

Dr. Sarah Verbiest, UNC-CH Center for Maternal and Infant Health

The **Unintentional Death Committee** focuses on preventing unintentional child deaths, such as those due to motor vehicles, drowning, fire and lack of supervision.

Co-Chairs

Alan Dellapenna, NC Division of Public Health, Injury and Violence Prevention Branch

Martha Sue Hall, NC League of Municipalities

2012 NC Child Fatality Task Force Members

William Adkins, Public member

The Honorable Austin Allran, NC Senate

The Honorable Bob Atwater, NC Senate

The Honorable Stan Bingham, NC Senate

Cindy Bizzell, Administrative Office of the Courts

Wallace Bradsher, Conference of District Attorneys

Frank Brown, NC State Bureau of Investigation

Dr. Elaine Cabinum-Foeller, NC Pediatric Society

The Honorable Beverly Earle, NC House

The Honorable Dale Folwell, NC House

Beth Froehling, NC Coalition Against Domestic Violence

Sergeant John Guard, Domestic Violence Commission

Councilmember Martha Sue Hall, NC League of Municipalities

Gibbie Harris, NC Association of Local Health Directors

Paula Hildebrand, NC Department of Public Instruction

The Honorable D. Craig Horn, NC House

The Honorable Bill Keller, Association of County Commissioners

Kevin Kelley, NC Division of Social Services

Dr. Martin McCaffrey, Public Member

Karen McLeod, Child Advocate

Earl Marett, NC Association of County Directors of Social Services

The Honorable Wesley Meredith, NC Senate

Dr. Peter Morris, Action for Children

The Honorable Tom Murry, NC House

Stephanie Nantz, Governor's Youth Advocacy and Involvement Office

The Honorable William Purcell, NC Senate

Dr. Deborah Radisch, NC Office of the Chief Medical Examiner

Susan E. Robinson, NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Dr. Kevin Ryan, NC Division of Public Health

Maria Spaulding, NC Department of Health and Human Services

The Honorable Paul Stam, NC House

Angie Stephenson, Attorney General's Office

Dr. Sarah Verbiest, SIDS Expert

Michael Welch, NC Sheriffs' Association

Betsy West, NC State Board of Education

Others who served as members during the time of the formation of the 2012 action agenda and/or 2011 legislation and accomplishments:

Rep. Jeff Barnhart, Karen Davidson (public member), David Gordon (AG), Brett Loftis (public member), Cindy Morgan (NC Assn of County Commissioners), Rep. Garland Pierce, Tom Vitaglione (Action for Children), Rep. Jennifer Weiss, McKinley Wooten (Admin. Office of the Courts)